

REGION VI AGING SERVICES

Russ Sunderland, Regional Aging Services Program Administrator

Serving: Stutsman, Barnes, Dickey, Eddy, Foster, Griggs, LaMoure, Logan, McIntosh, Wells



Spring 2008



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AGING SERVICES NEWSLETTER

Please share this newsletter with a friend, co-worker, at your Senior Center, post on a bulletin board, etc. If you wish not to be on the mailing list for the newsletter, please contact **Russ Sunderland** at 253-6344 or 1-800-260-1310. You are welcome to submit any news you may have regarding services and activities that are of interest to seniors in this region. **South Central Human Service Center** makes available all services and assistance without regard to race, color, national origin, religion, age, sex, or handicap, and is subject to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1975 as amended. **South Central Human Service Center** is an equal opportunity employer.

MISSION STATEMENT

In a leadership role, Aging Services will actively advocate for individual life choices and develop quality services in response to the needs of vulnerable adults, persons with physical disabilities, and an aging society in North Dakota.





Vulnerable Adult Protective Services

January 2008

Background:

In 1989, the North Dakota Legislature passed the law authorizing the Department of Human Services to develop, administer, and implement a protective services program for vulnerable adults. The program works to prevent further abuse, neglect, or exploitation and promotes self-care and independence.

Each regional human service center has an Elder Services Unit that is responsible for vulnerable adult protective services, as well as other services.

State Law Defines a Vulnerable Adult as:

... any person older than age 18, or emancipated by marriage who has a substantial mental or functional impairment

ND Century Code 50-25.2-03 states that any person who reasonably believes that a vulnerable adult has been subjected to abuse or neglect or observes conditions or circumstances that reasonably would result in abuse or neglect, may report the information to the N.D. Department of Human Services or to an appropriate law enforcement agency.

The law gives the Department the right to assess and to provide or arrange the provision of adult protective services if the vulnerable adult consents to and accepts the services. The Department may pursue administrative, legal, or other remedies authorized by law, which are necessary and appropriate under the circumstances to protect a vulnerable adult who cannot give consent, and to prevent further abuse or neglect.

Did You Know?

Adult children, other relatives, church communities, and other informal support systems help meet the needs of

many people. Individuals who receive vulnerable adult protective services often lack these informal supports.

Vulnerable Adult Services Statistics:

Oct. 2006 – Sept. 2007

444	New cases
392	Information and referral calls
223	Brief services (Required up to 2 hours of staff time to resolve. For example, helping a family locate needed services.)
404	Cases closed
7,008	Hours spent on information and referral, brief services, and cases

NOTES:

A clarification in reporting occurred. Case data should not be compared to data prior to the 2003-2004 federal fiscal year. Also, a new case does not mean a person has not been served before. Recidivism is common. Abilities change over time, and concerns about neglect or abuse may resurface.

Referral Reasons

66%	Self-neglect
16%	Neglect
10%	Financial exploitation
8%	Abuse

Referral Sources

28%	Medical/Home Health
27%	Agency
18%	Community
17%	Family
5%	Legal/Judicial
4%	Self

Priority of Request

79%	Non-emergency
12%	Imminent danger
9%	Emergency

**Vulnerable Adult
Protective Services
Demographic Data
Oct. 2006 – Sept. 2007**

General	
74%	Age 60 and older
53%	Female
95%	Caucasian
4%	American Indian/Native Alaskan
Marital Status	
62%	Single/Widow/Widower
18%	Married
18%	Divorced
2%	Separated
Living Arrangements	
62%	Live alone
19%	Live with other family member
12%	Live with spouse
7%	Live with non-relatives
Alzheimer's & Related Dementia	
70%	Did not have dementia
30%	Do have some sort of dementia
Reasons for Case Closure:	
16%	Referred to another agency
18%	Moved out of the area, received protective arrangements, or died
16%	Client refused services
13%	Placed in long-term care facility
9%	Referred to home & community-based services
28%	Other

Adult Protection in Practice:

- A **vulnerable adult has the right** to make decisions on his or her own behalf until he or she delegates responsibility voluntarily to another, or the court grants responsibility to another.
- When interests compete, a competent individual's decision supersedes community concerns about safety, landlord concerns about property, or family concerns about health or finances.
- A person can choose to live "in harm" or even self-destructively, if she or he is competent to choose, does not harm others, and commits no crimes.

How Calls Are Handled:

When a Regional Human Service Center receives a call about suspected abuse or neglect of a vulnerable adult, staff members:

- **Assess the situation** via phone to determine if an emergency exists.
- **Work with law enforcement, if appropriate.**
- If it is not an emergency, but requires more than providing information and referral, **staff may conduct a site visit** to assess the situation and assure appropriate services are offered.
- **May offer services** to the vulnerable person such as home-delivered meals, personal care assistance, respite care, or other services, if appropriate.

Human Service Center Contact Information:

Bismarck	701-328-8888	888-328-2662
Devils Lake	701-665-2200	888-607-8610
Dickinson	701-227-7500	888-227-7525
Fargo	701-298-4500	888-342-4900
Grand Forks	701-795-3000	888-256-6742
Jamestown	701-253-6300	800-260-1310
Minot	701-857-8500	888-470-6968
Williston	701-774-4600	800-231-7724

Another Resource:
ND Aging and Disability Resource Link
1-800-451-8693
www.carechoice.nd.gov

Produced January 2008
N.D. Department of Human Services
Aging Services Division
600 E Boulevard, Department 325
Bismarck N.D. 58505-0250
Phone: 701-328-4601 TTY: 701-328-3480
www.nd.gov/dhs

Older Americans Month 2008

Working Together for Strong, Healthy, and Supportive Communities

The United States is nearing the start of a tremendous demographic shift. Beginning in 2011, the first of 78 million baby boomers (people born between 1946 and 1964) will start transitioning into retirement, kicking off an expansion in the number of elderly people that will continue for decades. According to the U.S. Census Bureau, one out of every nine baby boomers will live to be at least age 90.

Our Nation will benefit in many ways from a larger population of older adults, a group that constitutes one of our greatest resources. Older adults support our society by providing millions of hours of volunteer, community, and civic service through formal organizations and a variety of informal arrangements. They enhance our communities and personal lives by sharing and transferring knowledge of cultures, values, and life experiences among generations. Thankfully, the contributions of older adults will continue to flourish in the coming years, since older citizens of today and tomorrow promise to be among the most active and engaged older adult populations in our Nation's history.

An expanding older adult population also spotlights our responsibility to ensure the well-being of our older citizens. As a Nation, we are working diligently to address older adults' unique health and long-term care challenges. The thousands of professionals, caregivers, and volunteers that make up the National Aging Services Network have been collaborating in innumerable ways for decades to fulfill the mission of the Older Americans Act. Led by the U.S. Administration on Aging, the Network is now engaged in modernizing systems of care to provide consumers with more control over their lives.



May is Older Americans Month, a great time to bring attention to the issues that affect older adults. This year's theme is "Working Together for Strong, Healthy, and Supportive Communities," which speaks to the opportunities we have to create better care and reinforce healthier societies for all ages. Working together, our communities can improve older adults' overall quality of life by helping them:

- Make behavioral changes in their lifestyles that can reduce risk of disease, disability, and injury.
- Obtain the tools they need to make informed decisions about, and gain better access to, existing health and long-term care options in their communities.
- Have more options to avoid placement in nursing homes and remain at home as long as possible

Americans of all ages and backgrounds can celebrate Older Americans Month. Contact your local Agency on Aging and volunteer for activities in your area, promote community, state and national efforts to serve older adults, and find ways to enrich the lives of the older adults who touch your life. By working together we can improve the health and well being of our Nation's older adults and pave the way for future generations.

FILE EARLY FOR RENTER'S REFUND

by Cory Fong, Tax Commissioner

BISMARCK, N.D. - Low-income senior citizens and disabled persons may be able to receive a refund for part of the money they paid as rent for their home or apartment in 2007, announced State Tax Commissioner Cory Fong. Mobile home residents may be eligible for a refund of part of the lot rent they paid. The deadline for filing for the refund is May 31.



"Even though the deadline is a few months away, we want to do what we can to make certain that everyone who is eligible knows about the deadline," said Fong.

The Tax Department offers the refund to renters who are 65 or older, or permanently and totally disabled at any age, and whose 2007 income was not over \$17,500. And, if 20 percent of the total amount of rent paid is more than four percent of their 2007 income, they could be eligible for a refund. The maximum amount of refund is \$240.

"The 2007 Legislature raised the income limit," said Fong, "making it available to more people and we want to get the word out about that change."

Under the old requirements, an applicant's income could not exceed \$14,500. With the new \$17,500 increased income limit, the Tax Department is anticipating an additional 1,700 new applicants will participate in the renter's refund program.

Fong added, "Anyone who thinks they might be eligible should contact the Tax Department and request an application."

Last year the Tax Department paid over 1,300 refunds for nearly \$190,000. The average refund was about \$145 per application.

Fong encourages people who think they might qualify to contact the Tax Department in Bismarck at 701.328.3127 or toll-free at 800.638.2901, option 5, for more information.

Additional details about the Renter's Refund program are available in a brochure, Homestead Tax Credit for Senior Citizens or Disabled Persons. The brochure is available in PDF format on the Tax Department's web site at: <http://www.nd.gov/tax/property/pubs/homesteadcredit-brochure.pdf>



***Happiness is like a butterfly. The more you chase it, the more it will elude you.
But if you turn your attention to other things, it comes softy and sits on your shoulder.***

ND Family Caregiver Support Program

Family Caregivers in the Workplace

Family caregivers often describe their caregiving as a full-time unpaid job. In addition to their caregiving work, many family caregivers are also employed in either part-time or full-time work outside the home. They have been described as “invisible” in the workplace, as they often are without support from their employer or co-workers. They shoulder the responsibilities of caregiving while also trying to be a responsible employee. As the number of family caregivers has escalated, family caregiving has gradually become recognized as a social issue with significant impact on both employers and employees.

Research into the issues of caregiving and employment has found that:

- An estimated 10 percent of caregivers quit their jobs. This results in costly increased turnover for the employer, and lost income and benefits for the employee.
- In today’s workforce, an estimated one in four workers cares for an aging parent.
- Twenty percent of caregivers leave their jobs at least temporarily to handle caregiving demands.
- Eighty percent of long-distance caregivers are employee full or part-time and need to do many of their long-distance caregiving tasks during their work day. These tasks can include phone calls to find resources, paperwork, talking with healthcare providers, and contacting other family members to coordinate care issues.
- Absenteeism among family caregiver employees is less of a problem for employers than “presenteeism” – employees who are on the job but distracted, working under the physical and emotional strain caused by their caregiving responsibilities. Studies have shown that “presenteeism” costs employers billions of dollars a year in lost productivity and safety claims.
- Some employers offer benefits such as flexible work schedules, funeral or bereavement leave, or health fairs that include information on aging services or services for people with chronic illness. Few employers offer classes, employee assistance counseling, or written information for their employees who are caregivers. Fewer still offer referral services for family caregivers about taking care of themselves.
- Employees generally underestimate the amount of time caregiving will take and the impact it will have on their work life. Caregivers report caregiving for periods from as short as a few weeks to months or years.
- Caregiving affects male and female employees in similar ways. Male caregivers often do not let co-workers know of their caregiving responsibilities and stress. When asked, both male and female family caregivers say they would use employee services addressing issues of caregiving if they were available.

- Retirement decisions are sometimes influenced by caregiving responsibilities. Wives caregiving for husbands often retire earlier than planned. Husband caregivers often work longer than planned because of financial concerns.
- Two of the major stressors for employed family caregivers are fear of unemployment and fear of loss of the health insurance benefits offered through the employer.
- Employees frequently use their weekends, sick days or vacation leave to attend to caregiving. This results in employees suffering from symptoms of exhaustion and burnout, since they have no chance to relax or find respite for themselves.
- Many employers express an interest in learning about caregiving support that could be made available to their employees.

Resources

American Association for Caregiver Education – www.caregiverred.org. Search using the terms *Caregiving: Workplace Issues* or *Employed Caregiver Issues*; American Association of Retired People, www.aarp.org. Search using the terms, *Caregiving: Workplace Issues*; Family Caregiver Alliance National Center on Aging, www.caregiver.org. Search using the terms, *Work and Eldercare*. Source: *The Caregiver Helpbook; Powerful Tools for Caregiving*



How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving, and tolerant of the weak and the strong. Because someday in life you will have been all of these. George Washington Carver

Its Appeal Slipping, the Senior Center Steps Livelier

By JANE GROSS

Published: March 25, 2008

CHICAGO — At a cheerful cafe and neighborhood gathering spot, eight women squeezed around a table, with bottomless cups of 35-cent coffee and plenty to do between the salads and Panini.

Mercy Prindes, 69, said she liked to “stop in just to see who’s there” when she was running errands. Charlaine Ryan, 69, said it was the perfect “hen house, a place where we can sit and yack and yack and yack.” And Margaret

Rogers, 82, raved about “real food” — appealing and under \$5 — to attract neighborhood young people, who liven things up.

There is a new cafe society in Chicago's Norwood Park neighborhood, one of three storefront hubs for the elderly here — a sleek meld of Starbucks, Bally's and Elderhostel — that have become models for reinvigorating America's senior centers.

"Kids have their hangouts," said Marion Joyce Lindgren, at 67 the youngest in the group. "So why shouldn't we, too?"

This is a time of ferment for the United States' 15,000 senior centers, many vestiges of the 1960s and '70s when federally financed meals for the elderly were a pillar of the Great Society. Under the Older Americans Act of 1965, centers are subsidized according to how many hot midday meals they serve. Nutrition and companionship remain worthy goals for them but are no longer the draw they once were.

A handful of studies show that those younger than 65 say they are too busy to use senior centers. But the main reason for staying away is the stigma associated with aging. In New York City, with a network of 329 centers, almost half are underused, according to Deputy Mayor Linda I. Gibbs. A plan by the administration of Mayor [Michael R. Bloomberg](#) to make the city more user-friendly to the elderly includes modernizing the nation's largest system of senior centers, and including cafes, according to the mayor's office and the Department for the Aging.

The 40-year-old model is not "serving the seniors of today or attracting the seniors of tomorrow," Ms. Gibbs said.

Tomorrow is a far bigger worry. Experts predict that baby boomers will not walk in the door of outdated centers, which are often in church basements, reminiscent of high school cafeterias before the advent of food courts, with few activities besides bingo and transportation to the mall.

"If they don't innovate," said John A. Krout, director of the gerontology institute at Ithaca College, "they will die."

Fierce competition for the older-American market has inspired a search for new models and an emerging consensus about the elements the senior center of the 21st century should include.

Among them are fitness activities, chronic-disease management, fall prevention and other aspects of healthy aging; continuing education both practical and intellectual; volunteer and work opportunities for those not ready for retirement; a handsome environment that accommodates the physical limits of age without looking institutional; and some programs aimed to the "young old," those from 55 to 65, to begin changing their negative view of senior centers.

Here in the Chicago area, these "best practices" are on view at the cafes operated by a not-for-profit social service agency, Mather Lifeways, in dense working-class neighborhoods like Norwood Park, and by the North Shore Senior Center, which serves 32 suburbs from Evanston to Highland Park from a 40,000-square-foot building. The center includes a fitness center, sculpture studio, classrooms and a sunny atrium.

At North Shore, where members pay \$60 a year, these goals are met under one roof, which Sandi Johnson, the center's director, says may be too expensive for many communities. With 4,000 members and 700 volunteers, North Shore gets \$1 million a year from donors and raised \$15 million more in a capital campaign for the new building.

One way North Shore cultivates relationships with the young-old is by helping them care for elderly parents, with a daughters support group and geriatric case managers. Another attraction is the fitness center — members pay \$350 extra — where fliers advertise boomer-friendly “brain fitness” classes for the worried well and a conference on female spirituality. (Many boomers say they prefer working out far from the Spandex-clad twenty-somethings at gyms like Bally’s.)

The Mather cafes strain less to bring younger people into the mix. There is nothing in the name, décor or menu that shouts “senior center,” and the cafes are in neighborhoods short on stylish, well-priced breakfast and lunch spots. So, as at Starbucks, people of all ages mix over a steaming mug of French roast or a chicken Caesar salad. Cafes boast open kitchens, not just for the entertainment value of watching chefs at work but so new customers or those who come alone are greeted by a friendly face.

The gentle yoga classes, Spanish lessons and the like are reserved for older adults. The main room — with its bright colors, floating ceiling panels and Swedish modern light fixtures — remains a “neighborhood place, not a senior place,” said Betsie Sassen, Mather’s executive director of cafe development.

Cathie McCormick, 72, leads an exercise class for those with arthritis. The gym equipment is pneumatic, so resistance is regulated without having to move weights. There is no television set in the gym, or elsewhere, because old people watch enough TV at home and would rather talk to the person on the adjoining machine.

Mather says it will not franchise but it is training other organizations to start their own cafes with workshops and how-to manuals. Valparaiso, Ind., and Sun City, Ariz., already have cafes and more than 100 social service providers from 30 cities have attended \$975 start-up workshops, Ms. Sassen said.

Cafe regulars here in Chicago cite the lively ambience and menu choices as the main reasons they switched their allegiance from a local senior center. On a recent weekday, a few women were toweling off after exercise class. Some had signed up for a body fat screening. At computers scattered throughout the room, they shopped online and caught up on e-mail correspondence with grandchildren. From early morning until late afternoon, the conversation drifted from utility bills to Barbara Taylor Bradford’s latest romance novel, to cellphones they liked best.

Corrine Compton, 68, comes daily to a Mather Cafe in the Chatham neighborhood on the South Side for lunch and a workout. Until recently, Ms. Compton forced herself out of the house and away from the drone of Court TV by going to another senior center where the crowd was a bit old for her taste, but the bridge games were serious and the line-dancing fun. What she hated, she said, was the lock-step lunch before the clock struck noon.

So when the Mather cafe opened here, “I checked it out with my girlfriends and we liked the youngish atmosphere,” Ms. Compton said, enjoying soup and a salad in the fading light of a winter afternoon. “When you walk in, everybody says hi. They may not remember your name, but they remember your face.”

Debit Card Option Coming for Payment of Social Security and SSI

The Department of the Treasury has announced that beginning this Spring, people receiving Social Security or Supplemental Security Income (SSI) benefits who do not have a bank account will be offered the option of receiving benefits in the form of a prepaid debit card instead of a paper check. The program, which Treasury has labeled "Direct Express," is expected to be in operation nationwide by the end of this summer. While initial use will be restricted to Social Security and SSI benefits, it may be extended to other federal benefit programs in the future.

*Taken from National Senior Citizens Law Center (NSCLC) / Washington Weekly - January 11, 2008. <http://www.nsclc.org>
For further information, contact Gerald McIntyre in NSCLC's, Los Angeles office.*

Assistive Safety Devices Distribution Service

IPAT was once again awarded a contract through the ND Department of Human Services, Aging Services division, to provide assistive safety devices and services. IPAT will fulfill this contract by operating the Assistive Safety Devices Distribution Services (ASDDS). This program has been established to help state residents who are at least 60 years old, not living in a nursing facility, and continue to remain safely in their homes.

Participation in this program is voluntary and is at no cost to the participant. Devices that can be provided to promote safety include, but are not limited to: smoke alarms, automated medication dispensers with an alarm and lock, electric jar openers, and uplift seat assists. For further information, contact Connie between the hours of 9:00 am – 5:00 pm CST by calling 1-866-673-6703 or 1-701-265-3165 or faxing 1-701-265-3150, or e-mailing crawls@ndipat.org.

***Just smiling can do wonders
for your attitude.***



If you love someone, tell them. Don't be afraid to express yourself. Reach out and tell someone what they mean to you. Because when you decide that it is the right time, it might be too late. Seize the day. Never have regrets. And most importantly, stay close to your friends and family, for they have helped make you the person that you are today.

It could make a difference. The difference between doing all that you can or having regrets which may stay with you forever.

Charles Hanson Towne (1877-1949)

Telephone Numbers to Know

Regional Aging Services Program Administrators

Region I:	Karen Quick	1-800-231-7724
Region II:	MariDon Sorum	1-888-470-6968
Region III:	Donna Olson	1-888-607-8610
Region IV:	Patricia Soli	1-888-256-6742
Region V:	Sandy Arends	1-888-342-4900
Region VI:	Russ Sunderland	1-800-260-1310
Region VII:	Cherry Schmidt (local: 328-8787)	1-888-328-2662
Region VIII:	Mark Jesser	1-888-227-7525

ND Family Caregiver Coordinators

Region I:	Karen Quick	1-800-231-7724
Region II:	Theresa Flagstad	1-888-470-6968
Region III:	Kim Helten	1-888-607-8610
Region IV:	Raeann Johnson	1-888-256-6742
Region V:	Laura Fischer	1-888-342-4900
Region VI:	CarrieThompson-Widmer	1-800-260-1310
Region VII:	Tammie Johnson	1-888-328-2662
Region VIII:	Michelle Sletvold	1-888-227-7525

Long-Term Care Ombudsman Services

State Ombudsman:	Helen Funk	1-800-451-8693
Region I & II:	Michelle Jacob	1-888-470-6968
Region III & IV:	Kim Helten or Donna Olson (701-665-2200) OR	1-888-607-8610
Region V & VI:	Bryan Fredrickson	1-888-342-4900
Region VII:	Helen Funk	1-800-451-8693
Region VIII:	Mark Jesser	1-888-227-7525

Vulnerable Adult Protective Services

Region I & II:	MariDon Sorum	1-888-470-6968
Region III:	Ava Boknecht, Kim Helten, Donna Olson, or Andrea Laverdure	1-888-607-8610
Region IV:	Patricia Soli	1-888-256-6742
	Direct referral to GFCSS VAPS:	1-701-797-8540
	RaeAnn Johnson Vulnerable Adult Team (VAT):	1-888-256-6742
Region V:	Sandy Arends	1-888-342-4900
	Direct referral may be made to Cass County Adult Protective Services unit:	1-701-241-5747.
Region VI:	Russ Sunderland	1-701-253-6344
Region VII:	Cherry Schmidt or Sheila Lindgren,	1-888-328-2662 or 1-701-328-8888
Region VIII:	Mark Jesser	1-888-227-7525

Other

Aging Services Division and Senior Info Line:	1-800-451-8693
AARP: (1-888-OUR-AARP)	1-888-687-2277
Mental Health America of ND (Local):	1-701-255-3692
Help-Line:	211 or 1-800-472-2911
IPAT (Assistive Technology):	1-800-265-4728
Legal Services of North Dakota:	1-800-634-5263
or (age 60+):	1-866-621-9886
Attorney General's Office of Consumer Protection:	1-701-328-3404
	1-800-472-2600
Social Security Administration:	1-800-772-1213
Medicare:	1-800-633-4227
Senior Health Insurance Counseling (SHIC) ND Insurance Department:	1-701-328-2440
Prescription Connection:	1-888-575-6611
Alzheimer's Association:	1-701-258-4933
	1-800-232-0851

Russ Sunderland
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South Central Human Service Center
520 3rd Street NW
Jamestown, ND 58401

Phone: 1-701-253-6300
Toll Free: 1-888-260-1310
Fax: 1-701-253-6400

To:

May is Older Americans Month:

***“Working Together for Strong, Healthy and
Supportive Communities”***



Upcoming Events

- * **Life Focus** (An event that focuses on mature adults): **April 23, 2008 (Jamestown Civic Center)**
- * **Senior Wellness** (more information to follow): **August 14, 2008 (Ramkota-Bismarck)**
- * **Northern Plains Conference on Aging & Disability:** **Sept. 23, 24, 25, 2008 -- Fargo**